

## Property Tax Division

## **Centrally Assessed Utilities**

## **Appeal Form**

Rev. 4/98

1.	Assessment Period:							
2.	Account Number: (Company Number)							
3.	Company Name:							
4.	Company Ad	ldress:						
5.	Fax Number: Fax Number:							
6.	Owner/President:							
7.	Tax Representative (if applicable) :							
8. Tax Representative's Address:								
	1							
	Type of Company:							
11. Utah State Tax Commission Value: \$								
12. Your estimate of fair market value: \$								
13. Are you appealing? (please circle one)								
(A) The Entire Value (B) Only Certain Properties (C) Other								
14.	Which count	ties are involv	ed? (please	circle)				
	Beaver Box Elder	Davis Duchesne	Iron Juah	Piute Rich	Sevier Summit	Wasatch Washington		
	Cache	Emery	Kane	Salt Lake	Tooele	Wayne		
	Carbon	Garfield	Millard	San Juan	Uintah	Weber		
	Daggett	Grand	Morgan	San Pete	Utah			
Please state the reason for relief or action sought: (attach extra sheets)								
Statement of facts and summary of arguments and authorities relied on: (attach extra sheets)								
a.						D-4		
218	Signature:					Date:		